

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**09333724**

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
(1)						
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TOTAL NO.	4					
TOTAL DEP.	23					
TOTAL	27					

	NO.	DEP.	NO.	DEP.	NO.	DEP.
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